

**UNITED STATES DISTRICT COURT**  
**NORTHERN DISTRICT OF ILLINOIS**

**SUMMONS IN A CIVIL CASE**

MARIA SHTRAYM  
A71 317 370

CASE NUMBER: 08C2590

V.

MICHAEL CHERTOFF, Secretary of the U.S.  
Department of Homeland Security, et. al.,

ASSIGNED JUDGE: JUDGE GUZMAN

DESIGNATED MAGISTRATE JUDGE: MAGISTRATE JUDGE COX  
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

Ruth A. Dorochoff  
U.S. Citizenship and Immigration Services  
101 W. Congress Parkway  
Chicago, IL 60605

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Stanley J. Horn  
Horn, Khalaf, Abuzir, Mitchell & Schmidt, LLC  
2 North LaSalle Street  
Suite 630  
Chicago, Illinois 60602

an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Michael W. Dobbins, Clerk



(By) DEPUTY CLERK

May 6, 2008

Date



## RETURN OF SERVICE

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE July 8, 2008
NAME OF SERVER (PRINT) Stanley Ciepiela	TITLE Senior Paralegal

Check one box below to indicate appropriate method of service

Served personally upon the defendant. Place where served: \_\_\_\_\_

\_\_\_\_\_

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: \_\_\_\_\_

Returned unexecuted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other (specify): Served defendant by certified mail with return receipt.

\_\_\_\_\_

\_\_\_\_\_

## STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

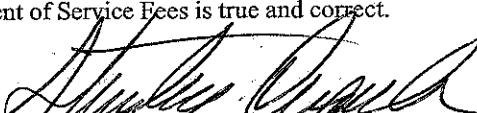
## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on \_\_\_\_\_

7/8/08

Date



*Stanley Ciepiela*  
Signature of Server

Horn, Khalaf, Abuzir, Mitchell & Schmidt  
2 N. LaSalle Street  
Suite 630  
Chicago, IL 60602  
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

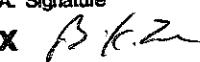
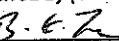
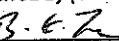
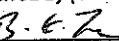
UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

STANLEY J. HORN  
HORN, KHALAF, ABUZIR, MITCHELL & SCHMIDT  
2 N. LASALLE STREET  
SUITE 630  
CHICAGO, IL 60602

RE: SHTRAYM -V- CHERTOFF

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>									
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">B. Received by (Printed Name) </td> <td style="width: 50%;">C. Date of Delivery</td> </tr> </table> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input checked="" type="checkbox"/> Certified Mail</td> <td style="width: 50%;"><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		B. Received by (Printed Name) 	C. Date of Delivery	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
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<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.										
<p>1. Article Addressed to:</p> <p>RUTH A. DOROCHOFF U.S. CITIZENSHIP AND IMMIGRATION SERVICES 101 W. CONGRESS PARKWAY CHICAGO, IL 60605</p>		<p>2. Article Number <i>(Transfer from service label)</i></p> <p>7001 0360 0000 4307 8438</p>									